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Approved for use through: 10/31/98 OMB 0651-0032

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	C 2658 PCT/US
	First Named Inventor	FIEG, Georg
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/526,956
	Filing Date	09/30/2005
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

☒ **SYSTEM AND METHOD FOR CARRYING OUT A DISCONTINUOUS RECTIFICATION OR REACTION**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/29/2003 as United States Application Number or PCT International

Application Number PCT/EP2003/009605 and was amended on (MM/DD/YYYY)                      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed	YES	NO	
102 41 482.3	DE	09/07/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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<b>DECLARATION</b>	<b>Page 2</b>
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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2003/009605	08/29/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John F. Daniels Daniel S. Ortiz Arthur G. Seifert	34,314 25,123 28,040		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number 23657 OR ☐ Fill in correspondence address below

Name	Daniel S. Ortiz				
Address					
Address					
City		State		Zip	
Country		Telephone	215-628-1141	Fax	215-628-1345

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor

Given Name	Georg	Middle Initial		Family Name	Fieg	Suffix e.g. Jr.	
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Inventor's Signature	Georg Fieg, 13.09.05	Date	13.09.05
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Residence: City	Mettmann	State		Country	Germany	Citizenship	Germany
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Post Office Address	Loeffelbeckweg 19
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Post Office Address	
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City	40822 Mettmann	State		Zip		Country	Germany	Applicant Authority	
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Thomas		Middle Initial		Family Name	Kapala		Suffix e.g. Jr.	
Inventor's Signature	<i>Thomas Kapala</i>				Date	09/09/2005			
Residence: City	Ratingen		State		Country	Germany		Citizenship	Germany
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Post Office Address									
City	40882 Ratingen		State		Zip		Country	Germany	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip		Country		Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip		Country		Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip		Country		Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip		Country		Applicant Authority
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									